

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 852801

FILED
Feb 08, 2011
Secretary of State

Entity Name: MONTICELLI INVESTMENTS, INC.

Current Principal Place of Business:

HELGA J. MARKOVICS
1518 STATE AVENUE, UNIT A
HOLLY HILL, FL 32117 US

New Principal Place of Business:

Current Mailing Address:

HELGA J. MARKOVICS
1518 STATE AVENUE, UNIT A
HOLLY HILL, FL 32117 US

New Mailing Address:

FEI Number: 59-2750149 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKOVICS, HELGA J
1518 STATE AVENUE
UNIT A
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: FRANCESCHI, JUAN
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

Title: TD
Name: LARICE, ROBERTO
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

Title: VD
Name: FRANCESCHI, NIKOL G
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

Title: SD
Name: MALVENTANO, FRANCISCO
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

Title: VD
Name: FRANCESCHI, SANTE
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

Title: AS
Name: MARKOVICS, HELGA J
Address: 1518 STATE AVENUE, UNIT A
City-St-Zip: HOLLY HILL, FL 32117

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HMARKOVICS@AOL.COM

SEC

02/08/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date